

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.04099633
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,573,807.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,573,807.44
YTD Amount:	\$	32,532,697.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	7,043.45
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	5,728.45
YTD Amount:	\$	77,197.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00145396
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	91,281.66
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	29,255.26
YTD Amount:	\$	595,561.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	589,098.70
County Medical Services Program Offset	\$	589,098.70
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	2,096,585.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	93,858.84
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	2,462.94
YTD Amount:	\$	363,799.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00118558
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	74,432.39
County Medical Services Program Offset	\$	74,432.39
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	226,400.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

Total amount collected: \$93,643,743.27 Percentage of collection: 0.67042825
Gross monthly apportionment: \$62,781,410.92 County/City Ratio: 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,306,830.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,306,830.23
YTD Amount:	\$	16,518,224.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	88,002.59
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	9,866.79
YTD Amount:	\$	409,122.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	340,731.04
County Medical Services Program Offset	\$	340,731.04
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,137,851.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,596,153.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,596,153.34
YTD Amount:	\$	20,175,241.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA

95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	84,425.30
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	5,632.00
YTD Amount:	\$	357,993.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000232A
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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	593,003.70
County Medical Services Program Offset	\$	593,003.70
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,448,584.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	587,617.68
County Medical Services Program Offset	\$	587,617.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,724,281.45

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00182884
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	114,817.16
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	4,791.46
YTD Amount:	\$	461,040.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,087,139.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,087,139.23
YTD Amount:	\$	13,741,343.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00466498
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	292,874.03
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	9,590.73
YTD Amount:	\$	1,152,359.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	128,805.48
County Medical Services Program Offset	\$	102,296.30
<u>Net Claim / Payment Amount</u>	\$	26,509.18
YTD Amount:	\$	707,421.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	92,290.56
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	23,579.26
YTD Amount:	\$	548,148.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.32827784
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	20,609,745.99
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,609,745.99
YTD Amount:	\$	260,505,441.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	288,546.50
County Medical Services Program Offset	\$	288,214.70
<u>Net Claim / Payment Amount</u>	\$	331.80
YTD Amount:	\$	1,053,266.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01088548
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	683,405.79
County Medical Services Program Offset	\$	683,405.79
<u>Net Claim / Payment Amount</u>	\$	0.00
YTD Amount:	\$	1,793,381.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

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Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	49,177.93
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	5,671.73
YTD Amount:	\$	230,049.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	186,241.68
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	20,741.78
YTD Amount:	\$	864,584.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00573509
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	360,057.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	360,057.04
YTD Amount:	\$	4,551,097.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	54,241.26
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	7,337.86
YTD Amount:	\$	263,469.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	77,415.13
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	40,484.23
YTD Amount:	\$	646,144.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00843636
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	529,646.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	529,646.58
YTD Amount:	\$	6,694,689.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	288,112.68
County Medical Services Program Offset	\$	288,112.68
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	903,230.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	182,729.06
County Medical Services Program Offset	\$	182,729.06
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	638,314.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,465,729.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,465,729.76
YTD Amount:	\$	43,806,518.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00358833
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	225,280.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	225,280.42
YTD Amount:	\$	2,847,518.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	77,469.75
County Medical Services Program Offset	\$	77,469.75
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	185,657.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.03234151
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,030,445.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,030,445.63
YTD Amount:	\$	25,664,652.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,102,294.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,102,294.56
YTD Amount:	\$	26,572,821.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	110,572.50
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	1,971.40
YTD Amount:	\$	420,220.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,255,396.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,255,396.45
YTD Amount:	\$	28,508,013.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.06138059
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,853,560.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,853,560.04
YTD Amount:	\$	48,708,663.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,930,705.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,930,705.21
YTD Amount:	\$	49,683,772.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01414136
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	887,814.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	887,814.53
YTD Amount:	\$	11,221,904.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00470870
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	295,618.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	295,618.83
YTD Amount:	\$	3,736,595.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	912,215.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	912,215.78
YTD Amount:	\$	11,530,328.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	544,929.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	544,929.46
YTD Amount:	\$	6,887,861.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,193,180.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,193,180.70
YTD Amount:	\$	27,721,613.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	369,564.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	369,564.03
YTD Amount:	\$	4,671,257.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00804394
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	505,009.90
County Medical Services Program Offset	\$	505,009.90
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	1,589,455.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00028607
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	17,959.88
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	4,371.08
YTD Amount:	\$	104,705.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	142,754.88
County Medical Services Program Offset	\$	137,203.40
<u>Net Claim / Payment Amount</u>	\$	5,551.48
YTD Amount:	\$	569,580.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	719,698.47
County Medical Services Program Offset	\$	687,112.70
<u>Net Claim / Payment Amount</u>	\$	32,585.77
YTD Amount:	\$	2,912,912.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	1,164,342.16
County Medical Services Program Offset	\$	1,164,342.16
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	3,043,167.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01149562
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	721,711.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	721,711.24
YTD Amount:	\$	9,122,375.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	281,630.50
County Medical Services Program Offset	\$	281,630.50
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	881,260.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	189,685.87
County Medical Services Program Offset	\$	189,685.87
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	678,082.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:		0.10000000

<u>Gross Claim</u>	\$	80,249.71
County Medical Services Program Offset	\$	61,149.70
<u>Net Claim / Payment Amount</u>	\$	19,100.01
YTD Amount:	\$	463,998.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	642,678.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	642,678.86
YTD Amount:	\$	8,123,399.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	146,931.73
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	1,399.73
YTD Amount:	\$	547,413.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:		0.00000000

<u>Gross Claim</u>	\$	851,874.06
County Medical Services Program Offset	\$	0.00
<u>Net Claim / Payment Amount</u>	\$	851,874.06
YTD Amount:	\$	10,767,614.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	234,401.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	234,401.93
YTD Amount:	\$	2,962,820.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	229,838.98
County Medical Services Program Offset	\$	229,838.98
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	758,836.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	77,387.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	77,387.51
YTD Amount:	\$	978,166.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	351,143.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	351,143.97
YTD Amount:	\$	4,438,427.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000232A
PAYMENT ISSUE DATE: 5/27/2011

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 4/16/2011 TO: 5/15/2011

<u>Total amount collected:</u>	\$93,643,743.27	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$62,781,410.92	County/City Ratio:	0.00187637
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	117,801.16
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	117,801.16
YTD Amount:	\$	1,488,997.33